

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/529560

## CLAIMS AS FILED - PART I

|                                  | (Column 1)  | (Column 2)                             |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES         |   |  |
| BASIC FEE                        | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE                  | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE                       | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| Fee for Extra Spec. Pgs.         | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS          | 11 minus 20 =   | <input type="text"/>                   |
| INDEPENDENT CLAIMS               | 1 minus 3 =   | <input type="text"/>                   |
| MULTIPLE DEPENDENT CLAIM PRESENT |   | <input type="checkbox"/>               |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR  | OTHER THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE              | Fee |                         |
| BASIC FEE         |     |                         |
| EXAM. FEE         |     |                         |
| SEARCH FEE        |     |                         |
| X \$ 125 =        |     |                         |
| X \$ 25 =         |     |                         |
| X \$ 100 =        |     |                         |
| + \$ 180 =        |     |                         |
| TOTAL             |     |                         |
| OR                |     |                         |
| RATE              | Fee |                         |
| BASIC FEE         |     |                         |
| EXAM. FEE         |     |                         |
| SEARCH FEE        |     |                         |
| X \$ 250 =        |     |                         |
| X \$ 50 =         |     |                         |
| X \$ 200 =        |     |                         |
| + \$ 360 =        |     |                         |
| OR                |     |                         |
| TOTAL             |     |                         |

## CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                       | (Column 3)                                       |
|---|------------|----------------------------------|--|
| AMENDMENT A   | 3/29/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total   | 11         | Minus                            | ** 20 = 0  |
| Independent   | 1          | Minus                            | *** 3 = 0  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |  |

| SMALL ENTITY     | OR             | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE             | ADDITIONAL FEE |                         |
| X \$ 25 =        |                |                         |
| X \$ 100 =       |                |                         |
| + \$ 180 =       |                |                         |
| TOTAL ADDIT. FEE |                |                         |
| OR               |                |                         |
| RATE             | ADDITIONAL FEE |                         |
| X \$ 50 =        |                |                         |
| X \$ 200 =       |                |                         |
| + \$ 360 =       |                |                         |
| TOTAL ADDIT. FEE |                |                         |

|   | (Column 1)                       | (Column 2)                         | (Column 3)   |
|---|----------------------------------|------------------------------------|--------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESNT EXTRA |
| Total   | Minus                            | **                                 | =            |
| Independent   | Minus                            | ***                                | =            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |              |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X \$ 25 =        |                | X \$ 50 =        |                |
| X \$ 100 =       |                | X \$ 200 =       |                |
| + \$ 180 =       |                | + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |
| OR               |                |                  |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.